

American Academy of Pediatrics



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RE: Docket No. 97N-0074

The American Academy of Pediatrics appreciates this opportunity to comment on the "Preliminary Food Safety Strategic Plan for Public Review", developed by the Strategic Planning Task Force of the President's Council on Food Safety. The Academy is an organization of 55,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

The safety of food and water that children consume is crucial to their future health, growth and development. While the nation's food supply is predominantly safe, an estimated 9,000 food-related deaths occur per year, mostly among the elderly and the very young.¹ The Academy is encouraged by the many federal agencies collaborating to generate this strategic plan, including the FDA, the U.S. Department of Agriculture, the EPA, the CDC, and others, all with the unified goal of ensuring a safe food supply. With regular public meetings and frequent engagement of the various stakeholders, the Task Force has moved forward in a responsive and open manner.

The food safety system should be science-based. Following the lead of the National Academy of Sciences, the Task Force has recommended a strategic plan to ensure that the U.S. food safety system is grounded in science. The NAS explains that a scientific approach and appropriate risk analyses allow "regulators to estimate the probability that various categories of susceptible persons might acquire illness from eating specific foods and thereby allow regulators to place greater emphasis and direct resources on those foods or hazards with the highest risk of causing human illness."² The Academy recommends that the Task Force and, in the future, the President's Council continue to move forward with science as the cornerstone of all future food safety activity.

The strategic plan must ensure a safe food supply for infants and children.

Appropriately, the vision statement explains the food safety system should "... consider the needs of vulnerable populations". Given this guiding principle, the importance of ensuring a safe food supply for children should be included as an integral component of subsequent action steps and objectives.

¹ *Handbook of Pediatric Environmental Health*, Ruth Etzel, MD, PhD, Ed., American Academy of Pediatrics, 1999, 107.

² *Ensuring Safe Food: From Production to Consumption*, National Academy Press, Washington, DC, 1998, 5.

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Unsafe food affects infants and children more than it does adults. As the National Academy of Sciences noted, "Caloric consumption by infants per unit of body weight is higher than that for adults – approximately 2.5 times higher for the very young infant."³ Further, infants and children consume a smaller variety of foods than adults do and therefore their exposure to contaminants in individual foods is increased.

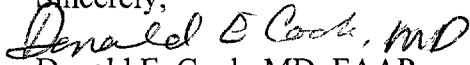
Infants and children have developing organ systems that may be especially vulnerable to levels of chemical contaminants that do not affect adults. Immature metabolic pathways in infants and children also permit the possibility that some chemicals are rendered more toxic on an equivalent internal dose in infants and children compared to adults. In addition, children are a special consideration when it comes to concerns about pathogens, such as listeria and e coli HO157. Salmonella, cryptosporidia, cyclospora and other foodborne pathogens are of similarly high concern for children, the elderly and the immunocompromised.

The Academy recommends that significantly more attention be paid to infants, children and adolescents, and other vulnerable populations, throughout the strategic plan. In particular, the food safety system should consider those children most affected by contaminants in the food supply such as premature babies, children and infants with development disabilities or with chronic diseases, and children differentially exposed (e.g. farmworker children). Infants and children must have a food safety system that considers their specific vulnerabilities. We hope that the Task Force will revisit this deficit in the current plan and make recommendations to accommodate infants and children's specific requirements for a safe food supply.

Ensure risk communication efforts reach health care providers, especially pediatric providers. The Academy believes the strategic plan's intent to "promote effective transparent communication about food safety risks, prevention strategies and enforcement actions" is appropriate. In particular, we would encourage the Task Force to ensure that this infrastructure is sustained effectively between health care providers, frequently on the front lines of a food-borne pathogen or contaminant outbreak, and local and federal health officials. Nationally, the food safety surveillance system should be integrated with the system through which pediatric care is provided.

Suggest timelines. Finally, we would encourage the Task Force to recommend appropriate timelines for the implementation of the strategic plan.

The Academy appreciates this opportunity to comment on the on-going work of the Strategic Planning Task Force. Ensuring an even more secure and cohesive food safety system is fundamentally important to the future health of America's children.

Sincerely,

Donald E. Cook, MD, FAAP
President

DEC/jps

³ *Pesticides in the Diets of Infants and Children*. National Academy Press, Washington, DC, 1993.